

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P21500 (4)**

1. Corporation Name
STRATEGIC ALLIANCE CORPORATION



Principal Place of Business: **3920 RCA BLVD. SUITE 2004 PALM BEACH GARDENS FL 33410**
Mailing Address: **3920 RCA BLVD. SUITE 2004 PALM BEACH GARDENS FL 33410**

3. Date Incorporated or Qualified: **10/27/1988**
3a. Date of Last Report: **03/28/1995**
4. FEI Number: **13-3199087**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

21. Principal Place of Business: Suite, Apt. #, etc; City & State; Zip; Country
22. Mailing Address: Suite, Apt. #, etc; City & State; Zip; Country
23. City & State
24. Zip; Country
25. Zip; Country
26. Suite, Apt. #, etc; City & State; Zip; Country
27. Suite, Apt. #, etc; City & State; Zip; Country
28. City & State
29. Zip; Country
30. Zip; Country

9. Name and Address of Current Registered Agent
**SEEGERS, EDITH A.
3920 RCA BOULEVARD
SUITE 2004
PALM BEACH GARDENS FL 33410**

10. Name and Address of New Registered Agent
81 Name: **Mark J. Spinello**
82 Street Address (P.O. Box Number is Not Acceptable): **3920 RCA Blvd Suite 2004**
83 City: **Palm Beach Gardens FL 33410**
84 City: **Palm Beach Gardens FL 33410**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: **MARK J. SPINELLO - SECRETARY** (Signature) **5/9/96** (Date)

12. OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: RESTINO, PHILIP C. STREET ADDRESS: 22 ST JAMES DR CITY-ST-ZIP: PALM BCH GARDENS FL	<input type="checkbox"/> DELETE	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: SEEGERS, EDITH A. STREET ADDRESS: 4696 LUCERNE LAKES #104 CITY-ST-ZIP: LAKE WORTH FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: T NAME: HOOD, SHARON P STREET ADDRESS: 8606 THOUSAND PINES COURT CITY-ST-ZIP: WEST PALM BEACH FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Glenn T. Ferris - Treasurer** (Signature) **4/26/96** (Date) **407-694-0110** (Phone)

CR2E034 (12/95)